

| *Local health officers are offered an idea that may strengthen nutrition education for food buyers at the "point of sale."*

Nutrition at the Shopping Center

By WILLIAM H. SEBRELL, Jr., M.D.

THE nutritional quality of diets in this country has improved steadily since World War II. Yet there are further opportunities ahead. Just because we can say that the average man in the United States today obtains enough food to prevent serious deficiency disease does not mean that he is obtaining enough food of the right kind to give him optimum health, to help his children grow at their best rates, to prevent chronic disease, to protect him against the added stress of a severe illness, or to give him the extra stamina needed to produce to capacity in today's intensely competitive world.

We do not have widespread serious deficiency disease any more—but this is no reason to be complacent. Let's look for a moment at a form of malnutrition that affects at least a quarter of our population. I refer to obesity. Health officers and physicians are waging a ceaseless war against this condition.

Sellers of food, too, have a very real interest in this form of malnutrition as well as all other forms—not only a humanitarian interest, but a business interest. The fat man is fat because he eats too much; the remedy is to get him to

reduce his calorie intake until he uses up his own excess fat. Is it better business to sell him 3,500 calories as 2 pounds of sugar or to reduce his calories to 2,700 by selling him 2 pounds of sirloin steak? Or to look at the problem from another angle: If he is seriously overweight, he may die as much as 10 years earlier than he would if he were normal weight.

Common Nutrition Deficiencies

Many remember the food business in the southern States about 25 years ago, when deficiency disease was widespread and the nutritionally sick and incapacitated largely bought molasses, grits, fatback, and collards. Compare that with the food business of the south today. Florida has become one of the great cattle raising States. We see increased livestock and dairy farming and more fruit and vegetable production all over the south.

One of the greatest needs today is better nutrition education. In a survey by General Mills (1), covering nearly 60,000 children in 38 States, it was found that diets tend to become poorer as children grow older; that 52 percent of high school girls' diets were poor; that the diets of boys were notably deficient in fruits and vegetables; that the adequacy of the child's diet relates closely to the occupation and economic status of the parent; and that adolescent girls drink far too little milk in the belief that it is fattening.

Dr. Sebrell, director of the National Institutes of Health, Public Health Service, presented this paper, condensed here, at the National Food Conference, Hollywood, Fla., March 3-6, 1955.

In a study by the agricultural experiment stations of six northeastern States (2), conducted in 1952, the diets of pregnant women, industrial workers, and students from kindergarten through colleges were judged by the same standards. The most common and serious deficiency was vitamin C; deficiencies in calcium and vitamin A also occurred frequently. In a 5-year Iowa statewide project by Dr. Eppright of Iowa State College (3), a deficiency of calcium and vitamin C was found. Most conspicuous for poor diets were the teen-age girls—a situation cited as particularly alarming because of its potential effects on the next generation. In New York State, Trulson (4) examined 3-day diet records of 10,000 children, half of them in the fourth and half in the tenth grade, and found the poorest food practices among the older girls.

Another group suspected of prevalent nutritional inadequacy is the older population, people over 65—a group which has increased twice as fast as the total population since 1900. Nutrition science, using new biochemical approaches, offers much promise against the diseases of the later years. In the aged, poor diets may result from psychological, social, or mechanical difficulties. About four-fifths of this age group live with relatives. At the family table, the aged may be handicapped by dental and digestive difficulties, and even their status with the family may affect their diet. Sometimes their nutrition is poor because of habits acquired in early life. These habits are not easily changed, and their modification must be approached with caution. Wisdom, tact, and patience are needed to promote good nutrition in this group and must be applied in all educational programs, whether the physician, nutritionist, or a public advertisement conveys the information.

Education in the Food Store

Nutrition education is the essential link between professional knowledge and the improvement of food practices. It seeks to establish public understanding of, and demand for, a food supply adequate for optimum health—a balanced consumption of nutrients—taking into account a wide range of incomes. The physi-

cian, the nutritionist, the health officer, the scientist, and the teacher are struggling with limited resources and limited opportunity to teach good nutrition to the individual.

The housewife learns from these sources that good nutrition can help make her pregnancy successful, her baby healthy, and its growth good—that health, vitality, and long life are not attainable without good nutrition. It is usually her responsibility to buy the food for her family. And where does she make this final day-to-day decision? Frequently in the food store and the market. And what guidance does she get at the point of sale to help make her purchases fit with what she has been taught? None. And what help does she get to satisfy her that she is carrying out her responsibility? None. She is faced with a new set of values as she walks through the market deciding what she will buy—a comparison of prices, of sizes and weights, of quality, beautifully, colorfully, and as effectively done as modern sales techniques can do. But she receives no guidance whatever.

Let me point out where we have failed. I have just mentioned the extensive studies that have shown deficiencies in vitamin C, calcium, and vitamin A. Most food sellers would know what foods to tell families to buy in the store to combat these deficiencies. But they are missing a great opportunity for using that knowledge.

Many millions of dollars every year go into the pockets of food faddists with special food items to sell—items that may range from dried seaweed to blackstrap molasses supposed to possess extraordinary food values of some kind. The success of the food faddist in recent years is an indication of our partial failure in sound nutrition education for the general public. The food faddist's methods are insidious, yet effective. As a lecturer, a pamphleteer, a propagandist, he sells the story that the American diet is deficient, that many common foods are harmful or dangerous, that malnutrition is widespread, that most of us suffer some ailment as a result, that we must radically change our diets to regain health and to avoid disease in the future—and, of course, we must use plenty of his special food items.

It is hard to believe that so transparent an argument could be successful, but it has been.

The regulatory agencies such as the Federal Trade Commission, the Food and Drug Administration, and the Post Office Department are doing what they can to control false and misleading advertising. But the only permanent answer is a planned education campaign—one that teaches by truth, logic, and repetition the correlation between food, nutrition, and health.

If we could educate the people in the fundamentals of good nutrition, they could be led to spend their money on good food in the market and on proper dietary supplements that would do them the most good.

Many outlets are now being used to good purpose, but we are failing to use one of the best avenues for putting the message across where it really counts—where food is displayed and sold.

We will never have a really successful program until the food sellers and the food industries cooperate with the scientists, nutritionists, and teachers in developing a positive, aggressive, coordinated program to present basic nutrition facts clearly and simply to the Amer-

ican housewife, so that she can use those facts at the point of sale for the best nutrition for her family.

I am sure that if some such plan could be evolved it would prove to be good business practice and at the same time make a significant contribution to public health.

REFERENCES

- (1) General Mills, Inc.: What do children eat? Minneapolis, Minn., The Corporation, 1951, 31 pp.
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- (3) Practice of public health, 1954. [PHR conference report of the 82d annual meeting of the American Public Health Association, Buffalo, N. Y., Oct. 11-15, 1954] Pub. Health Rep. 70: 177, February 1955.
- (4) Trulson, M., Hegsted, D. M., and Stare, F. J.: New York State nutrition survey, I, II, and III. J. Am. Dietet. A. 25: 595, 669, 764 (1949).

Housing Rehabilitation in Disasters

The Department of Health, Education, and Welfare has recently developed jointly with the American National Red Cross a plan by which commissioned engineer officers of the Public Health Service will assist the Red Cross in emergency housing rehabilitation activities at times of natural disasters.

Red Cross rehabilitation of buildings damaged by disasters requires on-the-spot assessment of the damage, estimates of costs of restoration, preparation of specifications for restoration, arranging for bids from contractors, and inspection and certification of the contractor's work. The Red Cross maintains a permanent staff of 10 regional building disaster experts, plus a small reserve. The Public Health Service will at times of disaster assign to the Red Cross reserve sanitary engineer and sanitarian officers competent in the

housing field. A few regular officers also will participate. All reserve officer participation will be on a voluntary basis.

The Public Health Service will develop, as a "housing component" of its inactive engineer reserve, a group of from 50 to 70. Approximately 20 will be selected for assignment to a 10-day training course in August 1955 on housing construction, cost estimating, and Red Cross policies and procedures. All members of the housing component of the reserve will periodically receive information on the subject of emergency housing rehabilitation from the Red Cross and Public Health Service. Also, additional training courses will be provided.

The Red Cross will pay all travel and per diem costs for participating PHS officers for training or for disaster relief work.